



EMS Currents

“To provide professional and compassionate protection, education and service to our community”

EMS Updates

January Articles:

- EMS Updates
- New Fire Medical Director
- CQI Corner
- Quality Assurance Audits

Sacramento Metropolitan Fire
EMS Division
2101 Hurley Way,
Sacramento, CA 95825

Duane Arend, B/C
Ron Wolfley, Captain
Jeff Routsong, Captain
Scott Clough, Captain
Amy Robertson, Office Tech
Laurie Henry, Secretary
Marcy Mateo, Office Tech
Nanette Goodwin, Office Tech
Kevin Mackey, M.D
Ric Maloney, R.N.

One thing you count on is change.

In June the application of CPAP, as stated in the [Respiratory Distress Policy \(8026\)](#), will change for patients in Moderate distress and allow paramedic discretion. This means by policy you will always use CPAP in patients in Severe Respiratory Distress and it will be a paramedic assessment decision to use CPAP for a patient in Moderate Respiratory Distress.

Per direction of your Fire and County Medical Directors this CPAP change is effective immediately. FYI... if you feel the patient is deteriorating you can remove the CPAP mask without base contact.

The implementation of Saline Locks will occur after the March EMS Training. This has been delayed so that the Saline Locks will be rolling out with updated needleless equipment, a mucosal atomizing device, and possibly new EMS equipment bags.

To reduce the weight of the EMS bags, Shawn Daly is conducting a field study with a new EMS bag configuration in order to improve efficiency. For more information you can contact Shawn at St 28 on C shift and you can [view the PowerPoint Presentation he gave to the EMS Division](#). (big file so it is slow to open)

New Fire Medical Director



Kevin Mackey is the New Fire Service Medical Director. Dr. Kevin E. Mackey graduated from St. Louis University in 2001 and attended residency at the University of Pittsburgh Affiliated Residency in Emergency Medicine. Prior to medical school, Dr. Mackey served 11 years in emergency medical services as an Emergency Medical Technician and as a Paramedic. Currently Dr. Mackey is board certified in emergency medicine, a fellow of the American College of Emergency Physicians, and works full time for The Permanente Medical Group at the south Sacramento campus. He holds positions as the president of the Emergency Medical Director's Association of California (EMDAC) and the medical director for the regional EMS authority, Mountain Valley EMS. His national involvement in EMS extends to the board of directors for the National Association of EMS Physicians (incoming) and the EMS subsection for the American College of Emergency Physicians as a Councilor. Dr. Mackey is the loving husband of an emergency department nurse and the proud father of two sets of twins.

CQI Corner

Recent Trends noted by the Peer Review Committee:

“Billing information is only important if you want to get paid”

Mileage Documentation

This is a reminder to put mileage on all of our Transports. We are doing much better on this than in the past, but we are still missing this important billing information much too often.

Accountability Report

We are finding that some Accountability Reports are coming in with nothing highlighted, or with everything (even non-transports) highlighted. You need to only highlight the incident numbers of the transports. All highlighted incident numbers should have corresponding PCRs in the envelope (*unless they note why it isn't there, like “see Engine's PCR” or “was turned in with previous batch”, etc.*).

- Review the [Restraint Policy 8062](#) since there is a trend of not documenting your assessment. “An assessment of the patient’s cardiovascular and respiratory status will be made and documented no less than every three (3) minutes in the combative patient with delirium who requires either physical or pharmacological restraint” according to the county policy.
- Please administer MS on scene when possible before you move a patient with a broken hip or other isolated extremity fractures.
- No Atropine is to be administered for pediatric patients in asystole. Please review [Pediatric Cardiac Arrest Policy 9006](#).
- Newer paramedics are sometimes bullied into accepting patient care by higher ranking more experienced paramedics. If this occurs, follow the [Transfer Policy 5010](#) and ask the more experienced paramedic how you can assist them with the care of the patient that they are in charge of... If you still have problems contact Peer Review member Ryan Pittman on B shift at Station 51.

Quality Assurance Audits

The EMS Division is currently auditing Patient Non-Transport Forms due to a trend of incomplete reports. In 2001 the Peer Review Committee noted that only 9% of these forms meet district standards for completion. The Peer Review Committee was able to raise the completion percentage to around 75% through the Quality Improvement (QI) process. Unfortunately, the non-punitive methods of the Peer Review Committee have not been able to make any further progress over the last couple of years. Due to this lack of progress the Peer Review Committee is now forwarding all incomplete Non-Transport Forms to the EMS Division to be audited in a Quality Assurance (QA) format. This means the EMS Division is recording all the documentation errors in a database and forwarding this information through the chain of command.

STAFF HURRAHS!

Inside every ambulance bill that is sent to patients transported by Metro Fire is a survey. This survey includes six questions that rate our service as Excellent, Above Average, Average, Below Average, or Needs Improvement. Last year 99% of all survey comments about Metro Fire service indicated that there was no need for improvement and 90% of the comments indicated that the service delivered was excellent or above average.

One recent survey comment the EMS Division received comes from a patient who wants us to “Thank” the crews from M62 and E62 A-Shift. Here is an excerpt from this patient’s comments: *“Just how the call was handled, it was awesome. I was very impressed. Firemen listened to me, answered my questions, calmed down my concerns. Thank you guys for being the most honorable men and women. My hat’s off to you all.”* The crews consisted of Capt. Anthony Peck, Eng/P Anthony Fink, FF/P Kenneth Greenberg, FF/P Jason Harris and FF Eric Alekman.

Please send any “atta persons” calls to the EMS Division via e-mail to (SMFD) EMS Staff so that we can include them in future newsletters or forward them to the board of directors.